

**MULTIPLE DEPENDENT CLAIM
FOR CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/505374

FILING DATE

APPLICATION NO.

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 2 | | | | |
| 4 | | 2 | | | | |
| 5 | | 2 | | | | |
| 6 | | 2 | | | | |
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| 8 | | 2 | | | | |
| 9 | | 2 | | | | |
| 10 | | 2 | | | | |
| 11 | | 2 | | | | |
| 12 | | 2 | | | | |
| 13 | | 2 | | | | |
| 14 | 1 | | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
| 17 | | 3 | | | | |
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| TOTAL | 2 | | | | | |
| TOTAL | 70 | | | | | |
| P. | 72 | | | | | |

| | A | | B | | C | |
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| 100 | | | | | | |
| TOTAL | | | | | | |
| IND. | | | | | | |
| DEP. | | | | | | |
| TOTAL | | | | | | |

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS
FOR REPEATED FILING OF AMENDMENTS
FOR THE CLAIMS OFFICE